

DEPARTMENT OF FORESTRY AND FIRE PROTECTION (CAL FIRE)
Mandatory Education/Experience Matrix
Unit Chief

NAME OF COMPETITOR:	COMPETITOR'S CURRENT CLASS TITLE:

EDUCATION/CERTIFICATIONS:

CHECK THE BOX THAT INDICATES THE HIGHEST LEVEL OF EDUCATION COMPLETED. YOU MUST INCLUDE THE NAME OF THE COLLEGE, CORRESPONDING MAJOR, AND COMPLETION DATE. TO RECEIVE CREDIT FOR A COLLEGE DEGREE YOU MUST HAVE RECEIVED YOUR DIPLOMA FROM AN ACCREDITED INSTITUTION OF POST SECONDARY EDUCATION.

<input type="checkbox"/> Associate of Arts (AA) / Associate of Science (AS) Name of College: Major: Completion Date:	<input type="checkbox"/> Bachelor of Arts (BA) / Bachelor of Science (BS) or Higher Degree Name of College: Major: Completion Date:
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CHECK THE BOX THAT INDICATES THE HIGHEST CERTIFICATION COMPLETED.

<input type="checkbox"/> National Fire Academy Executive Fire Officer Certificate	<input type="checkbox"/> State Fire Marshal Chief Officer Certificate	<input type="checkbox"/> P.O.S.T. Certificate
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CHECK THE BOX(ES) THAT INDICATE THE CAL FIRE INCIDENT COMMAND TEAM ASSIGNMENT(S), AT THE COMMAND AND GENERAL STAFF LEVELS LISTED BELOW, FOR WHICH YOU HAVE OBTAINED CERTIFICATION. YOU MUST INCLUDE THE FROM AND TO DATE(S) AND THE TEAM NUMBER(S) IN WHICH YOU HAVE WORKED IN THAT CAPACITY FOR 12 CONSECUTIVE MONTHS OR MORE IN DURATION BY 9/24/08.

<input type="checkbox"/> Incident Commander	From:	To:	Team Number(s):
<input type="checkbox"/> Deputy Incident Commander	From:	To:	Team Number(s):
<input type="checkbox"/> Information Officer	From:	To:	Team Number(s):
<input type="checkbox"/> Liaison Officer/Agency Representative	From:	To:	Team Number(s):
<input type="checkbox"/> Safety Officer	From:	To:	Team Number(s):
<input type="checkbox"/> Finance Section Chief	From:	To:	Team Number(s):
<input type="checkbox"/> Logistics Section Chief	From:	To:	Team Number(s):
<input type="checkbox"/> Planning Section Chief	From:	To:	Team Number(s):
<input type="checkbox"/> Operations Section Chief	From:	To:	Team Number(s):

(CONTINUED ON REVERSE SIDE)

EXPERIENCE:

PERMANENT, LIMITED-TERM, TEMPORARY AUTHORIZATION (TAU) APPOINTMENTS, OFFICIALLY APPROVED OUT-OF-CLASS (OOC) ASSIGNMENT (VERIFICATION REQUIRED), AND/OR TRAINING AND DEVELOPMENT (T&D) ASSIGNMENT ONLY.
(Include only those assignments of six consecutive months or more in duration by 9/24/08.)

<input type="checkbox"/> ACTING ASSIGNMENT(S) (Must be an officially approved OOC assignment – verification required.)					
Classification:		From:		To:	
Classification:		From:		To:	

DEPUTY CHIEF OR ABOVE (Only check applicable box(es) if you are assigned to the program/unit and you performed the duties for the assignments checked below. Supervision of staff performing these duties is not applicable and should not be checked.) (Check location(s) below)	DIVISION CHIEF/FORESTER II (Only check applicable box(es) if you are assigned to the program/unit and you performed the duties for the assignments checked below. Supervision of staff performing these duties is not applicable and should not be checked.) (Check location(s) below)	BATTALION CHIEF/FORESTER I (Only check applicable box(es) if you are assigned to the program/unit and you performed the duties for the assignments checked below. Supervision of staff performing these duties is not applicable and should not be checked.) (Check location(s) below)
<input type="checkbox"/> Sacramento <input type="checkbox"/> Region <input type="checkbox"/> CAL FIRE Academy <input type="checkbox"/> Unit(s) List Unit(s): <input type="checkbox"/> Other List location(s):	<input type="checkbox"/> Sacramento <input type="checkbox"/> Region <input type="checkbox"/> CAL FIRE Academy <input type="checkbox"/> Unit(s) List Unit(s): <input type="checkbox"/> Other List location(s):	<input type="checkbox"/> Sacramento <input type="checkbox"/> Region <input type="checkbox"/> CAL FIRE Academy <input type="checkbox"/> Unit(s) List Unit(s): <input type="checkbox"/> Other List location(s):
Please check the box(es) and list the dates (mm/dd/yy) of assignment(s) below as a Deputy Chief or above:	Please check the box(es) and list the dates (mm/dd/yy) of assignment(s) below as a Division Chief/Forester II:	Please check the box(es) and list the dates (mm/dd/yy) of assignment(s) below as a Battalion Chief/Forester I:
<input type="checkbox"/> Administration From: To: (Includes both Schedules A and B)	<input type="checkbox"/> Administration From: To: (Includes both Schedules A and B)	<input type="checkbox"/> Administration From: To: Schedule A
<input type="checkbox"/> Conservation Camp From: To:	<input type="checkbox"/> Conservation Camp From: To:	<input type="checkbox"/> Administration From: To: Schedule B
<input type="checkbox"/> ECC From: To:	<input type="checkbox"/> ECC From: To:	<input type="checkbox"/> Air Program From: To:
<input type="checkbox"/> Operations From: To:	<input type="checkbox"/> Operations From: To:	<input type="checkbox"/> Conservation Camp From: To:
<input type="checkbox"/> Prevention From: To:	<input type="checkbox"/> Pre-Fire Engineering From: To:	<input type="checkbox"/> ECC From: To:
<input type="checkbox"/> Resource Management From: To:	<input type="checkbox"/> Prevention From: To:	<input type="checkbox"/> Field Battalion From: To:
<input type="checkbox"/> State Forests From: To:	<input type="checkbox"/> Resource Management From: To:	<input type="checkbox"/> Pre-Fire Engineering From: To:
<input type="checkbox"/> Training From: To:	<input type="checkbox"/> State Forests From: To:	<input type="checkbox"/> Prevention From: To:
<input type="checkbox"/> Vegetation Management From: To:	<input type="checkbox"/> Training From: To:	<input type="checkbox"/> Resource Management From: To:
<input type="checkbox"/> Other From: To: Title:	<input type="checkbox"/> Vegetation Management From: To:	<input type="checkbox"/> State Forests From: To:
<input type="checkbox"/> Other From: To: Title:	<input type="checkbox"/> Other From: To: Title:	<input type="checkbox"/> Training From: To:
<input type="checkbox"/> Other From: To: Title:	<input type="checkbox"/> Other From: To: Title:	<input type="checkbox"/> Vegetation Management From: To:
<input type="checkbox"/> Other From: To: Title:	<input type="checkbox"/> Other From: To: Title:	<input type="checkbox"/> Other From: To: Title:

I certify that all of the information in this matrix is true and correct. I understand this information is subject to verification and I have provided the required documentation as outlined in the enclosed memo. I also understand that I may be required to bring supporting documentation to the Qualifications Appraisal Interview.

Signature: _____

Date: _____